

Appendix F.6

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| Transportation Plan Period from _____ To _____ Review date _____ | TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS |
| I. ADAPTATIONS/ACCOMMODATIONS REQUIRED | |
| _____ Transportation Aide _____ Bus Lift _____ Seat Belt _____ Special Restraint _____ Wheel Chair tie down _____ Space for equipment: specify _____ <hr/> | |
| II. POSITIONING OR HANDLING REQUIREMENTS | |
| _____ None _____ Describe | |
| III. BEHAVIOR CONSIDERATIONS | |
| _____ None _____ Describe | |

IV. TRANSPORTATION STAFF TRAINING

Training has been provided to drivers and substitute driver(s). ____ yes ____no

Describe training provided

Date training completed _____

V. STUDENT SPECIFIC EMERGENCY PROCEDURES

[illegible]